

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44702

FILED  
May 05, 2008  
Secretary of State

Entity Name: TAYLOR COUNTY FLORIDA HABITAT FOR HUMANITY, INC.

**Current Principal Place of Business:**

115 W GREEN STREET  
ROOM 208/210  
PERRY, FL 32347 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1416  
PERRY, FL 32348 US

**New Mailing Address:**

P.O. BOX 1416  
OFFICE #208  
PERRY, FL 32348 US

FEI Number: 59-3084471      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HANCE, CECILE N  
102 BRIARWOOD DRIVE  
PERRY, FL 32347 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: HANCE, CECILE N  
Address: 102 BRIARWOOD DR.  
City-St-Zip: PERRY, FL 32347

Title: SEC. ( ) Delete  
Name: CLARK, JAMIE  
Address: 108 AIRPORT RD  
City-St-Zip: PERRY, FL 32348

Title: TRES ( ) Delete  
Name: SIMPSON, EMILY  
Address: 118 MARSHALL DRIVE  
City-St-Zip: PERRY, FL 32347

Title: PRES (X) Delete  
Name: MANTZANAS, THEOPHILOS  
Address: 1450 N. JEFFERSON ST.  
City-St-Zip: PERRY, FL 32347

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SEC. (X) Change ( ) Addition  
Name: WALKER, MARGARET  
Address: 159 LEWIS DRIVE  
City-St-Zip: PERRY, FL 32348

Title: E.D. (X) Change ( ) Addition  
Name: SIMPSON, EMILY  
Address: 118 MARSHALL DRIVE  
City-St-Zip: PERRY, FL 32347

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CECILE NEPOTE HANCE

V.P.

05/05/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date